

REQUEST FOR OVERNIGHT DELIVERY

REQUESTOR'S NAME _____ DATE _____

TELEPHONE NUMBER _____ MAIL STATION _____

REQUESTING OFFICE _____

INDEX CODE _____ PCA CODE _____

REQUESTED DELIVERY SERVICE/VENDOR, IF ANY _____

DELIVERY ADDRESS INFORMATION:

COMPANY/AGENCY NAME _____

ATTENTION TO _____

DELIVERY STREET ADDRESS _____

SUITE/ROOM _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER AT DELIVERY ADDRESS _____

IS SATURDAY DELIVERY NEEDED? ☐ YES ☐ NOIS SIGNATURE REQUIRED AT DELIVERY? ☐ YES ☐ NOIS INSURANCE REQUIRED? ☐ YES ☐ NO

IF INSURANCE IS REQUIRED, WHAT IS THE DECLARED VALUE? _____

FOR MAILROOM USE ONLY

Tracking Number: _____